

Legislation to provide incentives and disincentives to control population

3964. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there is any proposal before Government to bring a comprehensive legislation to provide incentives and disincentives with regard to controlling population;
- (b) if so, the salient features of such legislation;
- (c) whether it is going to be passed during the current session of Parliament; and
- (d) which are the top five States that have achieved 10 per cent population control in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The Government of India has since adopted a National Population Policy containing various measures for stabilising the population of the country. The Policy *inter-alia* enumerates the following promotional and motivational measures for adoption of the small family norm:—

- (1) Panchayats in Zila Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm achieving reductions in infant mortality and birth rates and promoting literacy with completion of primary schooling.
- (2) The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of Rs. 500 is awarded at the birth of the girl child of birth order 1 or 2.
- (3) Maternity Benefit scheme run by the Department of Rrual Development will continue. A cash incentive of Rs. 500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only.

Disbursement of the cash award will in future be linked to compliance with antenatal check up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

- (4) A Family Welfare-linked Health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs. 5000, and a personal accident insurance cover for the spouse undergoing sterilisation.
- (5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age 21, accept the small family norm, and adopt a terminal method after birth of the second child, will be rewarded.
- (6) A revolving fund will be set up for income-generating activities by village-level self help groups, who provide community-level health care services.
- (7) Creches and childcare centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.
- (8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.
- (9) Facilities for safe abortion will be strengthened and expanded.
- (10) Products and services will be made affordable through innovative social marketing schemes.
- (11) Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangements for referral transportation.
- (12) Increased vocational training schemes for girls, leading to self-employment will be encouraged.
- (13) Strict enforcement of Child Marriage Restraint Act, 1976.

- (14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994.
- (15) Soft loans to ensure mobility of the ANMs will be increased.
- (16) The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census levels. The freeze is currently valid until 2001, and has as an active incentive for State Governments to fearlessly pursue the agenda for population stabilisation. The freeze needs to be extended until 2026.

Hence no separate legislation is needed for providing incentives and disincentives for adoption of the small family form.

- (d) The following five States are having the lowest Crude Birth Rate per thousand live births as per Sample Registration System (SRS):

1. Kerala	18.0
2. Tamil Nadu	19.3
3. West Bengal	20.7
4. Maharashtra	21.1
5. Punjab	21.5

Subsidising of AIDS drugs

3965. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the percentage of patients of AIDS is increasing alarmingly in the country as compared to previous five years;
- (b) if so, what preventive and precautionary measures are being adopted to contain this deadly disease from spreading all over the country;
- (c) whether it a fact that high prices of drugs to combat AIDS are keeping patients from taking these drugs; and
- (d) if so, whether Government are proposing to substantially subsidise these drugs?